

## Laboratory Results

Results for the samples and analytes requested  
The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests requested.

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Lab Project No. : 7075355

Received :01/02/2019 4:45

Sample Type :Drinking Water

Date Reported:01/03/2019

Lab Number	Location	Collected	Units Method Limits	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual Chlorine</u>
				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
<b>7075355001</b>	HB27	1/2/2019 9:15:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.51</b>
Routine Distribution	Suffolk Cty. Hwy. Dept. North Hwy.	Collected by: CLIENT		<b>1/3/2019 12:46:00 PM</b>	<b>1/3/2019 12:46:00 PM</b>	<b>1/2/2019 9:15:00 AM</b>
<b>7075355002</b>	HB2	1/2/2019 7:45:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.51</b>
Routine Distribution	R. Loetscher Wakeman Rd.	Collected by: CLIENT		<b>1/3/2019 12:46:00 PM</b>	<b>1/3/2019 12:46:00 PM</b>	<b>1/2/2019 7:45:00 AM</b>
<b>7075355003</b>	HB3	1/2/2019 8:00:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.32</b>
Routine Distribution	U.S.C.G. Foster Ave.	Collected by: CLIENT		<b>1/3/2019 12:46:00 PM</b>	<b>1/3/2019 12:46:00 PM</b>	<b>1/2/2019 8:00:00 AM</b>
<b>7075355004</b>	HB4	1/2/2019 8:15:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.43</b>
Routine Distribution	H.B. Elem School Ponquogue Ave.	Collected by: CLIENT		<b>1/3/2019 12:46:00 PM</b>	<b>1/3/2019 12:46:00 PM</b>	<b>1/2/2019 9:15:00 AM</b>
<b>7075355005</b>	HB5	1/2/2019 8:30:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.39</b>
Routine Distribution	H.B. High School Argonne Rd.	Collected by: CLIENT		<b>1/3/2019 12:46:00 PM</b>	<b>1/3/2019 12:46:00 PM</b>	<b>1/2/2019 8:30:00 AM</b>
<b>7075355006</b>	HB6	1/2/2019 8:45:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.34</b>
Routine Distribution	Strong Oil Montauk Hwy. East	Collected by: CLIENT		<b>1/3/2019 12:46:00 PM</b>	<b>1/3/2019 12:46:00 PM</b>	<b>1/2/2019 8:45:00 AM</b>

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.

### Treatments

A = Air Stripper Tower      G = Granular Activated  
FM = Iron/Manganese Removal  
N = Nitrate Removal      O = Other

Test results meet the requirements of NELAC  
unless otherwise noted.

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without the written approval of the laboratory.

*Stu Murrell*  
Stu Murrell

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				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
<b>7075355007</b>	HB7	1/2/2019 9:00:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.48</b>
Routine Distribution	SO. Town Parks & Rec	Collected by: CLIENT		<b>1/3/2019 12:46:00 PM</b>	<b>1/3/2019 12:46:00 PM</b>	<b>1/2/2019 9:00:00 AM</b>
<b>7075355008</b>	HB8	1/2/2019 9:35:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.41</b>
Routine Distribution	B. McCormack Bittersweet Ave.	Collected by: CLIENT		<b>1/3/2019 12:46:00 PM</b>	<b>1/3/2019 12:46:00 PM</b>	<b>1/2/2019 9:35:00 AM</b>
<b>7075355009</b>	HB9	1/2/2019 7:30:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.51</b>
Routine Distribution	SO. Town Highway Dept. Jackson Ave.	Collected by: CLIENT		<b>1/3/2019 12:46:00 PM</b>	<b>1/3/2019 12:46:00 PM</b>	<b>1/2/2019 7:30:00 AM</b>
<b>7075355010</b>	HB10	1/2/2019 9:55:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.81</b>
Routine Distribution	Pete's Deli Montauk Hwy. West	Collected by: CLIENT		<b>1/3/2019 12:46:00 PM</b>	<b>1/3/2019 12:46:00 PM</b>	<b>1/2/2019 9:55:00 AM</b>
<b>7075355011</b>	HB11	1/2/2019 10:15:00	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.71</b>
Routine Distribution	Riverhead Building Supply Montauk Hwy. West	Collected by: CLIENT		<b>1/3/2019 12:46:00 PM</b>	<b>1/3/2019 12:46:00 PM</b>	<b>1/2/2019 10:15:00 AM</b>

Result(s) reported meet(s) NYS Regulatory Limit(s).

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Stu Murrell



575 Broad Hollow Road, Melville, NY 11747  
TEL: (631) 694-3040 FAX: (631) 420-8436  
[www.pacelabs.com](http://www.pacelabs.com)

**WorkOrder :**  
7075355

## Laboratory Certifications

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### Long Island Certification IDs

575 Broad Hollow Rd, Melville, NY 11747  
New York Certification #: 10478 Primary Accrediting Body  
New Jersey Certification #: NY158  
Pennsylvania Certification #: 68-00350  
Connecticut Certification #: PH-0435  
Maryland Certification #: 208  
Rhode Island Certification #: LAO00340  
Massachusetts Certification #: M-NY026  
New Hampshire Certification #: 2987

7075355

**Sample Info:**

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl <sub>2</sub>	Field Readings pH/Temp	Analysis	Lab No.
9:15 AM 1-2-19	PW	#27	D	-	RO	.51	7.51	Bact w/c	001
7:45 AM 1-2-19	PW	#2	D	-	RO	.51	7.55	Bact w/c	002
8:00 AM 1-2-19	PW	#3	D	-	RO	.32	7.41	Bact w/c	003
8:15 AM 1-2-19	PW	#4	D	-	RO	.43	7.31	Bact w/c	004
8:30 AM 1-2-19	PW	#5	D	-	RO	.39	7.48	Bact w/c	005
8:45 AM 1-2-19	PW	#6	D	-	RO	.34	7.64	Bact w/c	006
9:00 AM 1-2-19	PW	#7	D	-	RO	.43	7.78	Bact w/c	007
9:30 AM 1-2-19	PW	#8	D	-	RO	.41	7.78	Bact w/c	008
7:30 AM 1-2-19	PW	#9	D	-	RO	.51	7.75	Bact w/c	009
9:15 1-2-19	PW	#10	D	-	RO	.51	7.91	Bact w/c	010
10:15 AM 1-2-19	PW	#11	D	-	RO	.71	7.81	Bact w/c	011

Remarks:

# Sample Request Form

## PUBLIC WATER SUPPLIER

Date: 1-2-19

Collected By:

Accepted By

Cooler Temp:

## Sample Types

---

PW - Potable Water

GW - Groundwater

SW - Groundwater  
SW - Surface Water

SW = Surface Water  
WW = Waste Water

ww - waste water

AQ - Aqueous

Soil - S

## Purpose

BO - Routine

RF - Resample

S - Special

3  
5  
0  
2  
0

## Origin

## D - Distribution

BW - Raw Well

TW - Treated Well

T - Tank

MW - Monitoring V

| - Influent

Influent - Effluent

## Treatment Types

Equipment type  
AST - Air Stripper

CVC  
Crescilio V

GAC = Granular Activated Carbon

N - Nitrate Ren

FE - Iron Removal

O - Other

**WELL OFF LINE**

☐ WELL RUN TO SYSTEM

☐ YES ☐ NO VOC'S PRESERVED WITH HCl





# Sample Condition Upon Receipt

Client Name: HBW

WO#: 7075355

PM: SWM Due Date: 02/01/19  
CLIENT: HBW

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☒ Pace ☐ Other

Tracking #: \_\_\_\_\_

Custody Seal on Cooler/Box Present: ☒ Yes ☐ No Seals intact: ☒ Yes ☐ No

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☒ None ☐ Other

Thermometer Used: TH091

Correction Factor: 0.0

Cooler Temperature (°C): 4.7

Cooler Temperature Corrected (°C): 4.7

Temp should be above freezing to 6.0°C

USDA Regulated Soil ☒ N/A, water sample

Date and Initials of person examining contents: 2/12/19

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ YES ☒ NO

Did samples originate from a foreign source (internationally, including Hawaii and Puerto Rico)? ☐ Yes ☒ No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

		COMMENTS:
Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.
Short Hold Time Analysis (<72hr):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7.
Sufficient Volume: (Triple volume provided for MS/MSD)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12.
-Includes date/time/ID/Analysis Matrix SL WT OIL		
All containers needing preservation have been checked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13. <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot #		Sample #
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , HCl, NaOH>9 Sulfide, NAOH>12 Cyanide)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis		Initial when completed: Lot # of added preservative: Date/Time preservative added:
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
KI starch test strips Lot #		
Residual chlorine strips Lot #		Positive for Res. Chlorine? Y N
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):		

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Comments/ Resolution: \_\_\_\_\_